



Bart L. Graham
Commissioner

State of Georgia
Department of Revenue

Denise Samuel
Director

Sales Tax Contracting Unit
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NONRESIDENT BOND CANCELLATION REQUEST FORM

This is to certify that all taxes have been paid on the job covered by the referenced **Nonresident Tax Bond**.
The contractor is now eligible for the release of this bond.

Nonresident Contractor	
Address	
Job/Project Location	
Period Work was in Progress	
Bond Number	
Registration Number	348- -

PLEASE NOTE: If it is determined that you are not in compliance with this Department, the bond can not be cancelled. The bond also can not be cancelled until we have received written notice from the Georgia Department of Labor that there is no Unemployment Insurance Tax due. You may contact the Unemployment Insurance Adjudication Section at (404) 232-3301.

FOR USE BY NONRESIDENT CONTRACTOR:

Nonresident Contractor

Title

Date

IN WITNESS WHEREOF, Applicant has set his hand and affixed his seal this ____ day of _____, 20 ____.

Sworn to and subscribed before me on

This ____ day of _____, 20 ____

(L.S.)

(Notary Public)

An Equal Opportunity Employer